

Executive Summary

This past program year (10/1/21 to 9/30/22, or FFY22) was one of change and growth for Indiana's Long Term Care Ombudsman Program (LTCOP or Program). The Program experienced a high turnover (33%) rate in local LTC Ombudsmen. And for the first time, a fourth Ombudsman was added to the normally three-person team that serves Marion County and the surrounding counties ([Area 8](#)).

Using a combination of covid-related funding streams, the Program:

"I recently moved my parents from independent to assisted living...Thank you for the service to the citizens of Indiana and especially the professional assistance of [the LTC Ombudsman]."

- Family member

- added new components to its cloud-based documentation system;
- worked to put an experienced LTC Ombudsman in place to implement a statewide LTCOP volunteer plan;
- hired a former LTC Ombudsman to serve as the Program's social media coordinator;
- purchased LTCOP-branded jackets, shirts, and messenger bags for the

Ombudsmen, along with brochures, bookmarks, doorhangers, and notecards for resident outreach, and branded tote bags for new volunteers as they come on board; and

- contracted with a current LTC Ombudsman to provide the LTCOP State Office with 15 hours per week of assistance with phone calls and archiving a backlog of records.

Despite the high turnover in local Ombudsmen, it was encouraging to see a substantial increase over the previous year in the number of ombudsman visits for all LTC facilities, while the number of instances of information and assistance provided to individuals and to staff were similar to those of last year.

Program complaints fall into one of four categories: Residents' Rights, Resident Care, Facility Environment/Administration, and Non-Facility. The majority of Indiana's FFY22 LTCOP complaints were concerned with Residents' Rights and with Resident Care. Nearly half of all complaints received this year were regarding Residents' Rights (681). Over 25% of those (180) concerned abuse, neglect, and exploitation, while 22% (152) involved admissions, transfers, discharges, and evictions. Out of 485 Resident Care complaints, nearly 80% (387) dealt with the care provided itself: medication issues (66), personal hygiene (62), a lack of response to requests for assistance (50), and care planning (43).

[Staffing has been a problem in nursing homes](#) for decades but the pandemic shone an even brighter light on the matter than ever before. We know nursing homes with higher staffing levels have higher overall ratings. And as staffing levels decrease in nursing homes, instances of resident abuse rise. The problem of inadequate staff can be attributed largely to the lack of a federal minimum staffing standard, and it is also a consequence of years of failure to invest in staff wages, benefits, and training.

Sustainable funding for two additional paid Ombudsman State Office staff positions would allow the Program to strengthen its ability to provide an ongoing volunteer presence in LTC facilities, and to continue its advocacy for those Hoosier LTC residents who do not always have the loudest voices.

Indiana Long-Term Care Ombudsman Program FFY22 Annual Report

FFY22 in Review

This past program year (October 1, 2021, to September 30, 2022, or FFY22) has been one of change and growth for Indiana’s Long Term Care Ombudsman Program (LTCOP or Program).

LTC Ombudsman Turnover

Indiana experienced a very high turnover rate (33%) in certified local LTC ombudsmen. Out of a team of 21 local ombudsmen, seven left the Program during the past year. Three of those were decertified¹ by the State Ombudsman and four resigned. Eight new ombudsmen were virtually trained² and then certified throughout the state in Gary (1), South Bend (2), Fort

“I’m writing to thank you for all your help during the last months...I want you to know that the knowledge that you were there on his side to advocate for him when he didn’t have the ability, knowledge, or strength made a huge difference for him...Thank you again, and please continue the important work you do.”

- Family member to LTC Ombudsman

Wayne (1), Indianapolis (3), and New Albany (1). While this significant turnover has had an impact on the Program, it is worth noting that having a group of newly-certified Ombudsmen on the team has brought an invigorating force of new ideas and enthusiasm.

Documentation System Updates

The Program used CARES Act funding to make improvements to our existing data system. We asked PeerPlace, our data entry software developer, to create a way that facilities could securely upload documents directly to our system rather than relying on separate emails and faxes.

The State Office receives hundreds of documents monthly – facility transfer/discharge reports, copies of all resident transfer/discharge notices, and IDOH facility survey reports. Facilities currently either fax or email these notices, which arrive in the Program’s general email inbox. Program staff then securely forward any time-sensitive notices to the local ombudsman and archive remaining documents. This time-intensive work tends to accumulate a backlog.

In response to our request, PeerPlace developed an external portal process that will be more efficient for facilities, decrease our staff time, and eliminate the need for secure emails. PeerPlace also added the ability for ombudsmen to track their mileage and continuing education hours. The project was completed

¹ The State Long-Term Care Ombudsman may decertify any Long-Term Care Ombudsman if the ombudsman has failed to abide by the requirements of ombudsman conduct as specified in the Older Americans Act, 45 CFR 1327.19, and in accordance with Indiana State Law 455 IAC 1-8-9.

² Initial certification training to become a LTC Ombudsman consists of completion of 36 hours of instructor-led classroom/virtual training, followed by 10-12 hours of shadowing an experienced ombudsman in facilities. Ongoing training and technical assistance are also provided to all local ombudsmen.

9/30/22. Roll-out will begin February 2023 when facilities will receive instructions to access the portal and upload their documents.

Volunteer Program Development

Through our CARES Act-funded project with IUPUI's O'Neill School of Public Environment and Affairs that ended 9/30/22, we gained a roadmap to build a sustainable statewide Ombudsman Volunteer Program. During FFY23, a certified and experienced LTC Ombudsman will begin working as the state's LTC Ombudsman Volunteer Program Manager. This position will be funded by American Rescue Plan Act (ARPA1) funds the Program received, which must be expended by 9/30/24. The funding will also cover volunteer recruitment, retention, and recognition during the project.

Our goal is to demonstrate by the end of the funding period that a volunteer program is a viable way of adding more eyes and ears in facilities throughout the state without the expense of hiring additional paid Ombudsmen. The Program needs additional federal and/or state funding that would support bringing the Volunteer Program Manager in-house to a state employee position by 9/30/24.

"I'm writing to express my appreciation for the Ombudsman program and specifically the assistance of [LTC Ombudsman]. I recently moved my parents from independent to assisted living...With the professional guidance and help from the Ombudsman, I was able to get all my answers and issues resolved...Thank you for the service to the citizens of Indiana.

- Family member

We do have a slight head start on volunteers. The local ombudsman entity in Fort Wayne had up to 14 volunteers (currently 9) on its roster until the pandemic.

Because of recently updated ACL training standards, the Program is revising its policy regarding volunteer training. Indiana's Certified LTC Ombudsman Volunteers must now undergo the same 36-hour initial training

and hours of job shadowing that paid staff ombudsman must complete. Current volunteers will not be grandfathered in so they must also go through the same intensive training. We recognize that it is a significant time commitment for a volunteer position. Nonetheless, without appropriate training a volunteer could jeopardize the Program's integrity by disseminating incorrect information.

For several years, two friends from Valparaiso have wanted to volunteer in their local nursing homes. Although the Program has not had a reliable way to train, mentor, and monitor volunteers, both individuals patiently went through the existing 36-hour initial training and job shadowing for ombudsman certification this past year. They were each certified during Fall 2022 and vetted by the AAA's volunteer program in their area. Both are now working with the local LTC Ombudsman and providing information and education to various groups in their communities and to residents.

Social Media/Marketing

Using a combination of CARES Act and CRRSA (Coronavirus Response and Relief Supplemental Act) funding, the Program hired a former Indiana LTC Ombudsman to function as our Social Media Coordinator. She will continue in that role as a temporary contractor through 9/30/23.

The [LTCOP's Facebook page](#) was created in early November 2021. As of 9/30/22, the page had 171 followers. Over 88% of those followers are women; the largest age group within that (30%) is in the 35-44 age bracket. Followers are located (in order) in: Indianapolis, followed by Mishawaka, and Evansville. It is important to note that any growth has been entirely organic. We also now have a Twitter presence with 18 followers. Twitter has been less of a priority than Facebook for us, but it has been used to share job postings for open LTC ombudsman positions; those postings were seen over 260 times. We are also in the process of updating our FSSA web pages.

We have created a letter to send to all facilities' Resident Council presidents to announce our social media presence. Once the Volunteer Program Manager begins her new responsibilities, she and the Social Media Coordinator will work together to announce volunteer recruitment and training opportunities and hold Facebook Live events. After 9/30/23, our hope is that a Certified Ombudsman Volunteer would take over the social media responsibilities.

Program Branding

To help residents recognize their Ombudsman when he or she is out and about within facilities and communities, the State Office used CRRSA funds to purchase shirts, jackets, and messenger bags with the LTCOP logo for the Ombudsmen. We also provided the local ombudsmen with more program brochures, bookmarks, doorhangers, and notecards for residents. Finally, we purchased branded tote bags to give new volunteers as they come on board.

Educational Opportunities/Trainings

Annual in-person training for the LTC Ombudsmen was held in June 2022 in Indianapolis. In addition to having a breakout group discussion on hearings and appeals, we also invited the consultant that wrote our new training manual last year to provide in-person training on the updates. Experienced ombudsmen who were trained with older materials had the opportunity to review the new manual, which now aligns our Program with federal standards. We used CARES Act funding for the consultant's travel and time.

The Program has also continued its bi-weekly Teams meetings during which we often schedule time to learn from other programs and agencies. This past year, we heard from care managers, the PACE Program, a SHIP (Medicare) counselor, Division of Aging staff who spoke on PASRR and Level of

"...I'm very satisfied with [LTC Ombudsman]. She is extremely knowledgeable and very understanding...She is a true asset to her profession!"

• LTC resident

Care for nursing home admissions, the Director of the Office of Administrative Legal Proceedings (OALP), and ISDH's Director of the Life Code Safety surveyors.

State Office

The State Ombudsman (Director) and the Deputy Director comprise the "State Office." During the past year, we used CARES Act funding to hire a temporary contractor to work remotely 15 hours a week to help take our calls and archive a backlog of facility and IDOH notices/letters. She is a current LTC Ombudsman who works only 25 hours a week in her area. We plan to continue her contract through 9/30/24, using a combination of CRRSA/ARPA1 funding.

In addition to providing trainings and technical assistance to local LTC ombudsmen, the Deputy Director fills in when vacancies occur in LTC Ombudsman positions. During the last year, the State Office:

- provided over 1,175 consultations and referrals via telephone or email to residents, families, and facilities;
- managed project expenditures using covid-related funding for temporary staffing, software development, marketing items, and consultants;
- shepherded projects through the procurement process in a system that is not designed to accommodate quick acquisitions;
- worked with staff from AAAs and/or their subcontractors to interview and hire eight candidates to complete initial certification training with the Deputy Director, so they could begin working in the field as LTC ombudsmen;
- teamed up with IUPUI's O'Neill School of Public Environment and Affairs (SPEA) as they developed a sustainable statewide Ombudsman Volunteer Program for us;
- attended the Consumer Voice State LTC Ombudsman Conference; and
- continued Program involvement in FSSA/IDOH discussions regarding Indiana's Long-term Services and Supports Reform, the HCBS (Home and Community-Based Settings) Rule and how it impacts HCBS waiver consumers, the RHI-ACL TBI Grant Advisory Board, and nursing home closure/relocation meetings with the IDOH.

Program Data Collection

The federal data collection system was extensively revised in 2019, including the choice of complaint codes for the ombudsmen as they document their work with residents. Around the same time, the software Indiana's Program was using for documentation became inoperable, and a new system was purchased. The software developer that designed our new system (PeerPlace), continues to work with

"I am emailing to inform you of the excellent support I received from [LTC Ombudsman] in reference to my father's situation with one of the rehab facilities. The care he received was below par and once [she] got involved his care improved substantially...I am truly happy with the support I got."

- Family member

ACL to ensure alignment of our data with the National Ombudsman Reporting System (NORS) so we can submit annual data on Indiana's LTC residents and the effectiveness of the Program.

Ombudsmen have been using PeerPlace for just over three years now. Due to the recent rapid turnover in ombudsmen and the complexities of complaint coding, the State Office is continuing to monitor data entry, and provide trainings and 1:1 technical assistance when necessary. Future trainings will focus on the

importance of documentation, properly coding complaints, complaint verification and disposition (resolution), and documentation of activities especially for complaint-related visits.

Local LTC Ombudsman Activities

In addition to making complaint-related visits to residents living in nursing homes and licensed assisted living facilities, local LTC Ombudsmen provide trainings to facility staff, participate in facility surveys

conducted by the Indiana Department of Health (IDOH), attend resident and family council meetings, and educate their communities on the Program while promoting the rights of residents living in facilities. Visiting facilities on a regular basis helps residents and local Ombudsman representatives get to know each other and build trust so residents feel comfortable sharing their concerns with the Ombudsman.

“Activities” are just one measure the Program is required to track for federal reporting purposes. The table on the right lists the type and number of activities Indiana’s LTC ombudsmen performed during FFY22, as compared with the previous year.

With the significant turnover in Ombudsmen the Program experienced this year, it is not surprising that instances of some activities occurred less than in the previous year, i.e.,

community education, staff trainings, and participating in facility surveys and resident/family councils. It takes time for new Ombudsmen to develop the necessary highly specialized skills this position requires, and to build relationships. Despite this challenge, the Program prides itself that the number of instances of information and assistance to individuals and to staff in FFY22 were similar to the previous year, and the number of visits for all facilities and successful routine access increased significantly.

The National Ombudsman Reporting System (NORS) defines routine access as the total number of nursing facilities visited by an Ombudsman *not in response to a complaint*, in all four quarters of the reporting period. There was an error in our reporting of FFY21 data; no facility received a visit from an Ombudsman in each of the four quarters of that year. We have provided trainings on routine access documentation for the local Ombudsmen and will continue to do so.

FFY22 Complaints

Indiana has approximately 35,000 residents living in 524 nursing homes and approximately 36,000 residents living in 371 licensed assisted living facilities. As of 9/30/22, the Program had 21 certified Ombudsmen.

During FFY22, Indiana’s Program received 1,424 complaints (1,209 verified), a slight decrease in the number of total complaints received throughout the previous year (1,459). Complaints are considered verified when most or all facts alleged by the complainant are likely to be true upon investigation.

Complaint verification is confirmation that most or all facts alleged by the complainant are likely to be true.

Any decrease in the number of complaints this past year is likely related to the high number of ombudsman vacancies and newly-trained ombudsmen during the past year. The Deputy Director is the

#Instances of Ombudsman Activities

	FFY21	FFY22
Information & assistance to individuals	5,208	4,705
Community education	88	43
Training sessions for facility staff	20	4
Information & assistance to staff	1,062	1,101
Number of facilities that received one or more visits	233	274
Number of visits for all facilities	328	866
Number of facilities that received routine access	0	9
Participation in facility survey	386	220
Resident council participation	90	60
Family council participation	40	13

“backup” for open local ombudsmen positions, but until those openings are filled, the community suffers a lack of ombudsman presence. We must also keep in mind that fear of retaliation is a common reason residents may not want to pursue a complaint and disclose their identity. Since residents live in the facility and rely on staff for their basic needs, this fear of retaliation cannot be overemphasized.

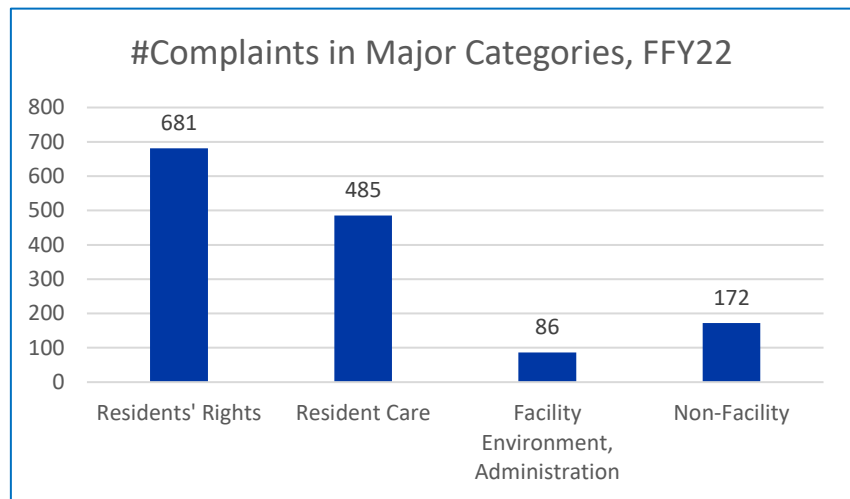
“[He] shows so much compassion, care and responsibility in all aspects of our mission for [our] clients as our LTC Ombudsman.”

- Local Ombudsman entity

Tables below and on the next pages contain information³ about the complaints Indiana’s Program received during FFY22 in each of four overall major complaint categories: 1) Residents’ Rights, 2) Resident Care, 3) Facility Environment and Administration, and 4) Non-Facility (complaints made regarding an outside agency or other systems).

During FFY22, nearly half (681 or just less than 48%) of all complaints submitted to the Program concerned Residents’ Rights. The second major category, with 485 (34% of the total) complaints, was Resident Care.

No less important, 86 (approximately 6%) complaints concerned Facility Environment and Administration, and 172 complaints (12%) were received regarding non-facility issues.

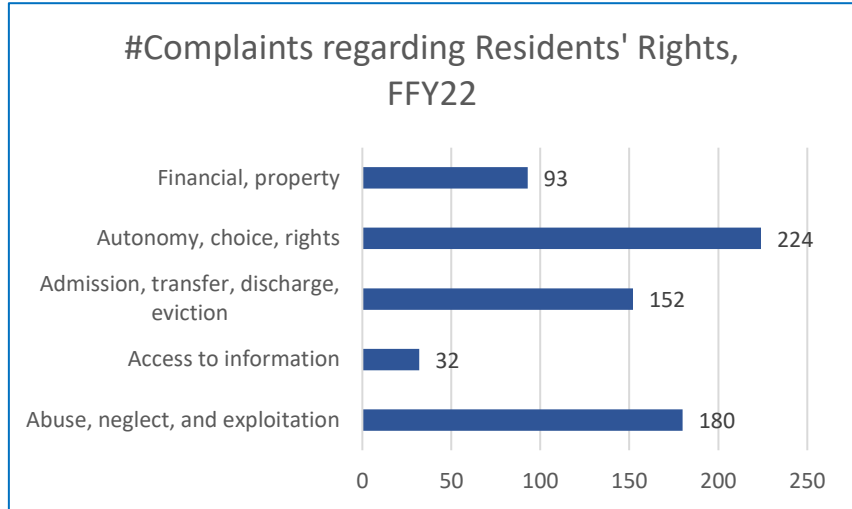


Residents’ Rights

Residents’ Rights are guaranteed by the federal 1987 Nursing Home Reform Law. The law requires nursing homes to “promote and protect the rights of each resident” and places a strong emphasis on individual dignity and self-determination. People living in long-term care facilities maintain the same rights as individuals in the larger community, and nursing homes must meet federal residents’ rights requirements if they participate in Medicare or Medicaid. Tables on the next pages represent complaints received in each of the Residents’ Rights categories.

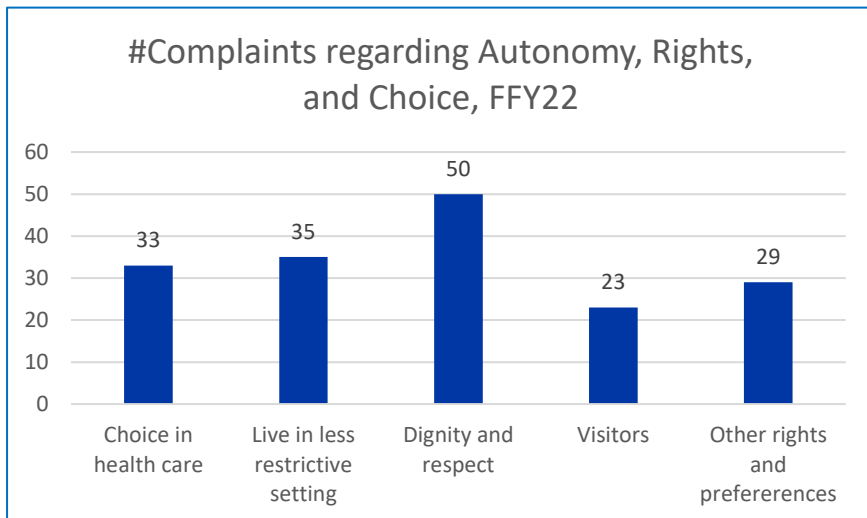
³ Please note these numbers may change as we continue to review the data and work to correct any errors in data entry for the LTCOP’s FFY22 federal report to ACL, which will be submitted January 2023.

Nearly one-third (32.8% or 224) of 681 **Residents' Rights** complaints in the past year were concerning Autonomy, Choice, and Rights. Over one in five complaints (22%) in this category dealt with admissions, transfers, discharges, and evictions, whereas over one-fourth of complaints received (26.4%) were regarding abuse, neglect, and exploitation.



Drilling down in the **Autonomy,**

Choice, and Rights category, the Program received the highest number of complaints about dignity and respect (50 of 224) complaints (slightly over 22%), followed by complaints from residents wishing to live in less restrictive settings (35), to make choices in their health care (33), and to receive visitors (23).

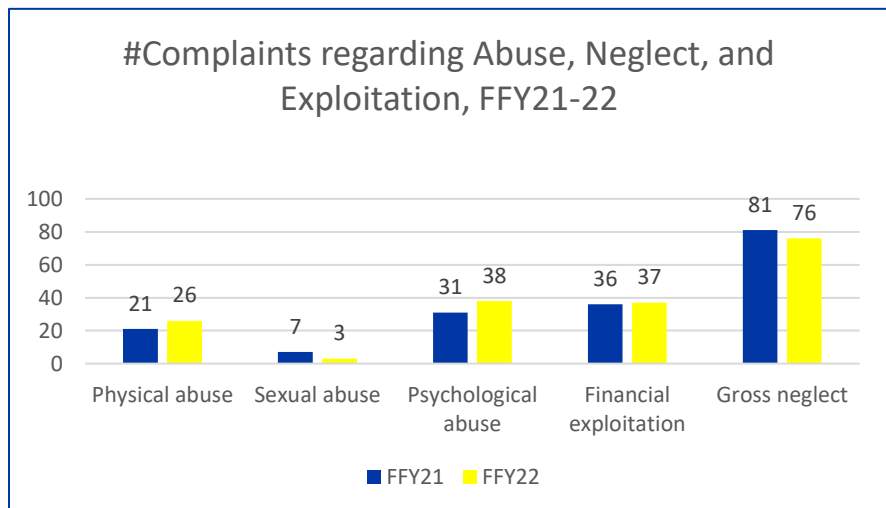


A recent change in federal complaint categories and codes combined several codes, so the 29 complaints in the "other rights and preferences" category include an array of concerns such as resident smoking preferences and restrictions on their ability to go out into the community and participate in activities.

The Program received 180

complaints regarding **Abuse, Neglect, and Exploitation (ANE)** during the year. Of those complaints, 76 or 42% were found to involve gross neglect.

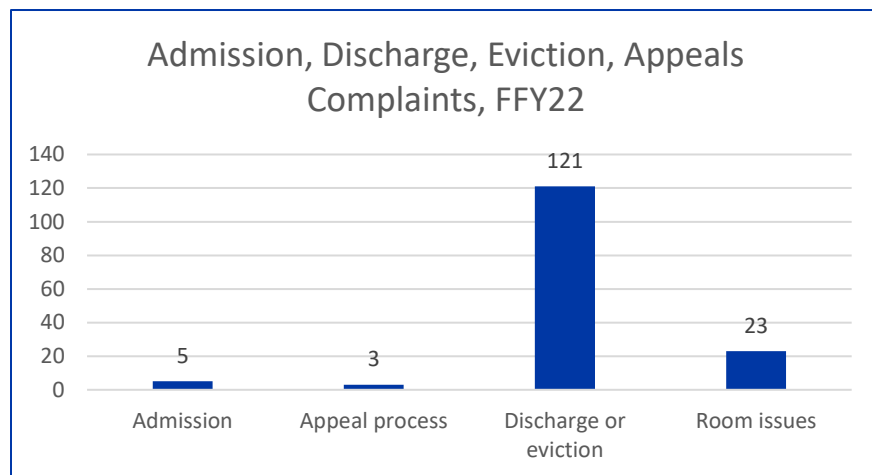
According to ACL, the definition of gross neglect is the failure to protect a resident from harm or the failure to meet needs for essential medical care, nutrition, hydration, hygiene,



clothing, basic activities of daily living or shelter, resulting in serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.

Complaints regarding facility-initiated **evictions/transfers and discharges** continue to be one of the top complaints Ombudsman programs receive nationwide. Out of 152 total complaints received in this category, nearly 80% (121) were regarding discharges and/or evictions. While these types of complaints can become complex and time-consuming for Ombudsmen, the threat of an unanticipated

transfer or discharge from a long-term care facility can be traumatic for residents and their family members.



Complaints regarding **Access to Information** comprised a little over 2% of all complaints received. Access to information includes 1) access to one's own information and records (23), 2) language and communication barriers (8), and willful interference (1).

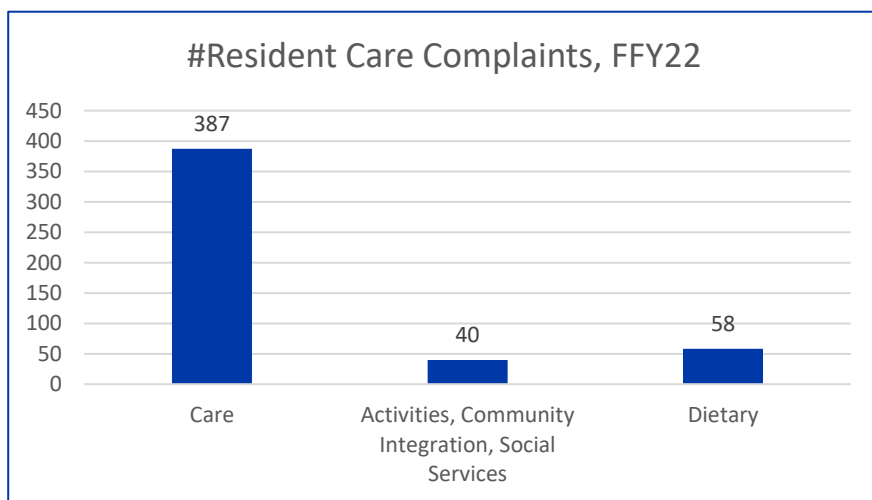
Ninety-three (6.5%) of all complaints received were regarding **Financial, Property** (this does not include exploitation or instances involving facility staff, as these fall into different complaint categories). This category does include complaints related to 1) billing and charges (38), and 2) personal property (55).

Resident Care

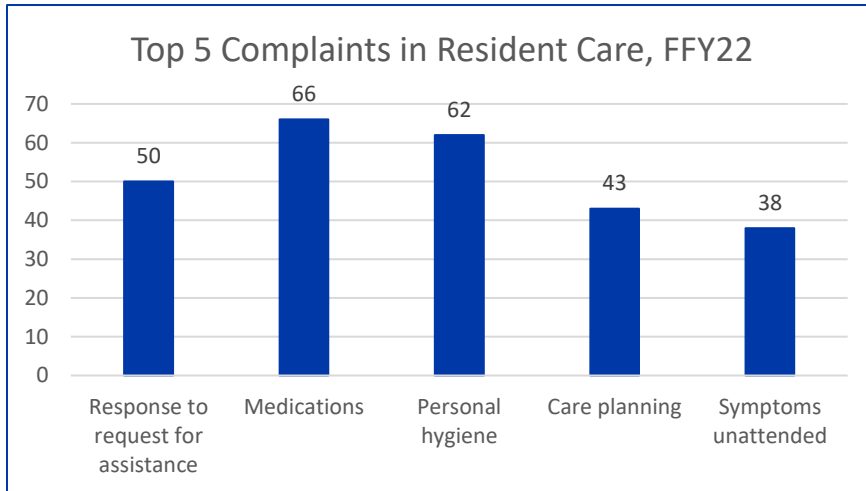
The Program received 485 complaints regarding the care delivered by facilities throughout the year. Over one-fourth (27%) of total complaints we received had to do with **Resident Care**.

The category of **Activities, Community Integration, and Social Services** includes complaints about activities provided in the facility (8), transportation (9), conflict resolution (13), and social services (10).

During FFY22, the Program received 58 **Dietary** complaints: (34) food service, (13) dining and hydration, and (11) therapeutic/special diets.



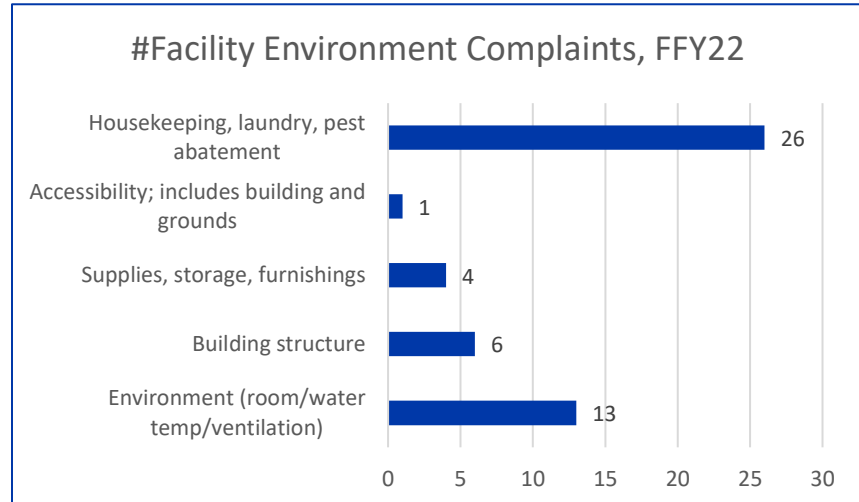
In the overall **Resident Care** complaint category, most complaints received were regarding the care provided itself. Care complaints included those about medications (66), such as pain medications not being given in a timely manner, followed by issues with personal hygiene (62), a lack of response to requests for assistance (50), care planning (43), and symptoms left unattended (38).



Other Resident Care complaints received include those related to rehabilitation services (31), access to health-related services (24), incontinence care (24), assistive devices or equipment (20), accidents and falls (15), infection control (9), physical restraint (3), and chemical restraint (2).

Facility Environment, Administration

Complaints regarding the **facility environment** (50) include room or water temperature and ventilation, the building structure itself, supplies, storage and furnishings, accessibility, including the building and grounds, and housekeeping, laundry, pests. Examples range from bathroom sinks not working properly or a resident not receiving their clothes back from the laundry to a lack of available incontinence supplies.

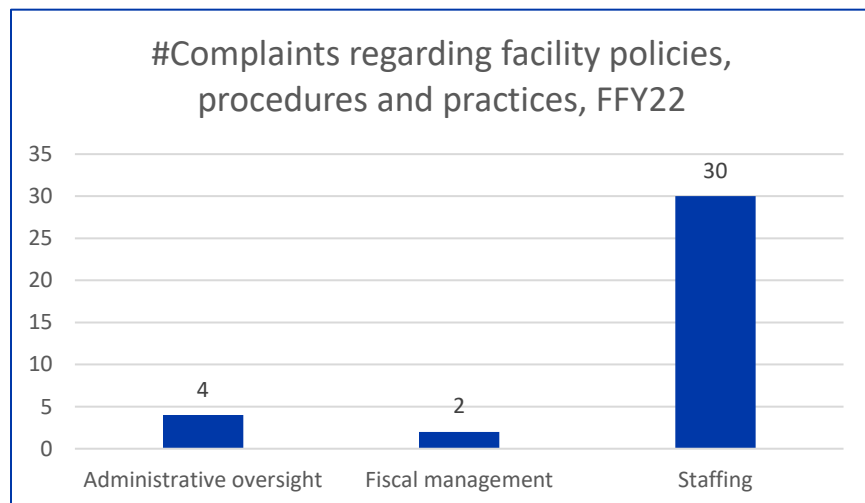


Administration complaints typically pertain to issues with the **facility's policies, procedures, and practices**. Examples of complaints in this

category could include lack of access to one's money, a facility failing to communicate well with families during the pandemic, *or the facility not having enough staff available to care for all residents appropriately and according to their care plans.*

[Staffing has been a problem in nursing homes](#) for decades but the issue was certainly exacerbated by the pandemic. The table below demonstrates the number of complaints regarding staffing in Indiana’s facilities. While numerous factors have contributed to this problem, one major cause is the lack of adequate minimum staffing standards at both the state and federal levels. Minimum standards ensure

that staffing will not fall to a level that would be harmful to residents.

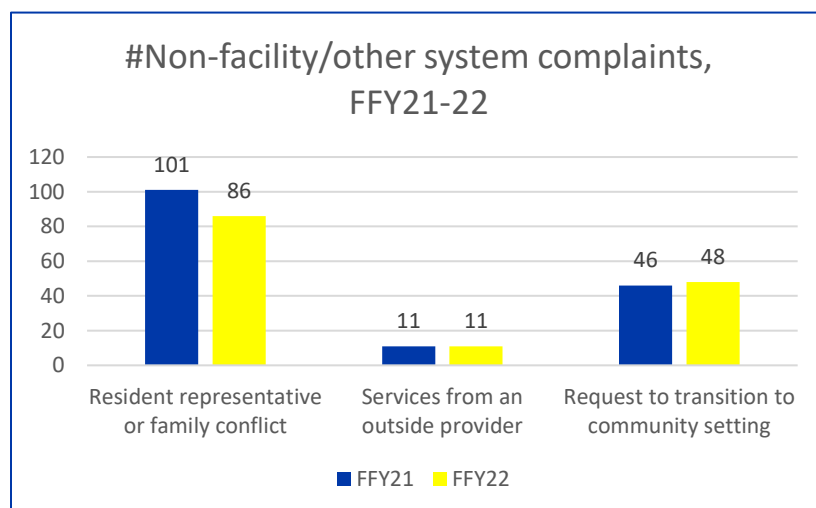


While 30 staffing complaints may not seem like many, this number must be balanced with residents’ fear of retaliation. At times, staff shortages are not initially identified as the key concern by the original complainant. Nevertheless, during an Ombudsman investigation, we may discover understaffing is

the root cause.

Non-Facility Complaints

The Non-Facility complaints category is made up of complaints involving decisions, policies, actions or inactions by non-facility programs and agencies, including private and public benefits. This year, the Program received 27 overall Non-Facility complaints, including those regarding Medicaid (12), Managed Care (6), Medicare (4), and private insurance (5). No complaints were documented regarding the regulatory system or the Veterans Affairs.



The category “System: Others (non-facility)” is regarding complaints made about the long-term care system occurring outside the facility.

During FFY22, these types of complaints made up a little over 10% of all complaints received. As last year, most complaints received in this category were regarding conflict among resident representatives and family members.

Family conflict complaints generally occur when a resident representative or family member interferes with the resident’s decision-making and preferences related to health, welfare, safety, or rights but the interference does not rise to the level of abuse, gross neglect, or exploitation. Complaints regarding

resident decision making such as guardianship, conservatorship, durable power of attorney/power of attorney, wills, and similar complaints are also considered family conflict complaints.

Family dynamics can play into these complaints and greatly impact outcomes. It is understandable – navigating the long-term care system can be overwhelming to residents’ families, particularly those who are new to long-term care while undergoing the stress of caring for a parent or other family member.

Who Calls the Ombudsman Program with Complaints?

Nearly half (691 or 49%) of the 1,424 total complaints the Program received this past year were regarding **nursing homes**. These complaints primarily came from residents themselves (309), followed by residents’ legal representatives, family members, or friends (297). Facility staff (48) also called with complaints, as well as other agencies (12), concerned persons (10), resident or family councils (1), and LTC ombudsmen (11). The origin of the remaining complainants (3) is unknown.

The Program received 168 complaints regarding **residential care facilities**. Most complaints originated from the resident (90), followed by residents’ representatives, friends, or family members (57), facility staff (12), other agencies (5), ombudsman (3), and resident/family council (1).

State Office Staffing

Calls and emails to ombudsmen originate from residents, facility staff, family members and friends of residents, outside agencies, local community members, and sometimes, the media. These requests for assistance address a variety of concerns ranging from residents’ rights issues (such as care or service problems), to residents being presented with an unanticipated notification that they are being discharged from their home.

According to the VeraSmart phone records used to track our incoming calls, State Office staff (the State Ombudsman and Deputy Director) fielded nearly 6,000 phone calls (about 500 per month, or 111 a week) during FFY22 from those requesting information and assistance

Over the 12-month period ending 9/30/22, the LTCOP’s administrative assistant referred 598 voice mails and processed 6,173 emails/faxes from facilities and IDOH into PeerPlace, the LTCOP’s cloud-based documentation system. In keeping with ACL’s revised training standards for LTC Ombudsmen, the Program’s administrative assistant will also be completing the 36-hour LTC ombudsman training during 2023.

Systems Advocacy

One of the many responsibilities assigned to the State Ombudsman is to promote systems change – efforts to change policies, rules, or laws that determine how services are provided – to address the quality of life for residents of long-term care facilities.

LTCOP State Office Receives Nearly 6,000 Phone Calls a Year

Calls that require a referral to the local ombudsman or even another agency, may take only five minutes.

But calls providing information and assistance – listening, educating, and planning action to resolve concerns – to residents or family members can often last thirty minutes or longer. Follow-up calls can also add to the time spent on one complaint or incident of information and assistance.

Late last year, Indiana's State Ombudsman signed a group letter urging U.S. Senate leadership to include important provisions for increased protections for nursing home residents in the Build Back Better Act, including addressing insufficient staffing and working towards achieving minimum staffing standards, along with requiring a registered nurse on staff 24 hours a day. Senators Todd Young and Mike Braun received similar letters from Indiana's Program.

In March 2022, the State Ombudsman signed a letter to President Biden applauding his administration for the release of reforms to improve the quality of nursing home care, hold nursing homes accountable for the care they provide, and improve the transparency of facility ownership. In June 2022, the State Ombudsman responded to a Request for Information by CMS regarding minimum staffing requirements.

Why are Staffing Levels so Important?

The relationship between staffing levels and outcomes of care in long-term care facilities has been well-documented for years. Generally, higher staffing levels (especially licensed staff) are related to better resident outcomes. CMS has stated that there is considerable evidence of a relationship between nursing home staffing levels and resident outcomes. According to [410 IAC 16.2-3.1-17](#), Indiana facilities must have sufficient staff, "to maintain highest practicable physical, mental, and psychosocial well-being of each resident," but the regulation gives no numerical direct care staff minimum requirement.

For an idea of what such requirements might entail, twenty years ago a Centers for Medicare & Medicaid Services (CMS) study found that at least 4.1 hours per resident day (HPRD) of direct care nursing staff and .66 hours HPRD of Registered Nurse (RN) staff time are needed *just to prevent poor outcomes*.

Despite what is known about the relationship between staffing levels and quality care, staffing standards in Indiana remain low. According to the Long Term Care Community Coalition (LTCCC), as of the 1st quarter of 2022, Indiana's total nursing staff time was 3.46 HPRD with .63 RN staff time⁴ (compared with 1st quarter 2021 when total nursing staff time was 3.54 HPRD with .62 RN staff time).

Recommendations

We are grateful for the additional covid-related federal funding the LTCOP has received since 2021. Everything we have been able to do with this money has been beneficial to the Program as we work to build its infrastructure and continue to create a strong team of resident advocates. Temporary staff are very useful, but we need funding for additional permanent staff at the state level to help administer the statewide program.

The LTCOP's Deputy Director not only handles most incoming phone calls, but she monitors the local ombudsmen's documentation/data entry in PeerPlace and provides technical assistance to the ombudsmen. She also trains (virtually) newly hired ombudsmen (nine instructor-led trainings this past year) and fills in for vacant ombudsman positions when those occur throughout the state

To continue growing this essential advocacy service that strives to meet the needs of Indiana's long-term care residents, the Program needs additional federal and/or state funding that would support two FTEs in state employee positions as degreed Certified LTC Ombudsmen:

⁴ LTCCC's full Q1 2022 staffing report, visit <https://nursinghome411.org/staffing-q1-2022/>.

- One staff ombudsman (Program Director-level) to assist with call intake, trainings, regional supervision of local ombudsmen, and help provide backup for vacant ombudsman positions; and
- One staff ombudsman (Program Director-level) to bring the LTCOP Volunteer Program Manager in-house to a state employee position by 9/30/24.

The Year Ahead for the Ombudsman Program

The goal for FFY23 is to continue developing the foundations and infrastructure for stronger advocacy moving forward. The year ahead will be full of training opportunities for the Program team. There were several items on our to-do list that were not crossed off during the past year: creating an LTCOP advisory council, working toward promulgation of the Ombudsman Rule, and further education for residents, facility staff, and other consumers. We are planning to use a combination of CRRSA and ARPA1 funding to update the Program's policy and procedures working with the same consultant that updated the Program's training manual.

We will also be starting to work on putting together a project to hire, train, and certify additional LTC ombudsmen who will work specifically for residents living in residential care facilities. This project has been approved by ACL and will be paid for with American Rescue Plan Act (ARPA2) funds that must be expended by 9/30/25. Plans for putting together a training facility staff on resident Transfers and Discharges and Resident Councils are also on our calendar.

Appendix A - Long Term Care Ombudsman Program (LTCOP) Overview

The primary purpose of the LTCOP is to promote and protect rights guaranteed to long-term care residents under federal and state laws (CFR 45, §1321 and §1324, and IC 12-10-13). Under the federal Older Americans Act, every state is required to have an Ombudsman program that addresses complaints and advocates for improvements in the long-term care system.

Indiana's LTC Ombudsmen advocate for residents of licensed long-term care facilities such as nursing homes, licensed assisted living facilities, and other licensed residential care facilities. They are trained to assist residents with complaints and resolve problems. Ombudsmen can also provide information about how to find a facility and what to do to improve the quality of care.

"The Ombudsman...helped me resolve several key disputes I had with management...and their policies regarding residents in their facility [during COVID]. I would like also to express my support for your office and the services it provides. It is clearly indispensable..."

- LTC Resident

Ombudsmen are resident-directed, meaning that they act only upon permission of the resident. All Ombudsman program services are free and confidential. Other Ombudsman responsibilities include:

- Educating residents, their family and facility staff about residents' rights, good care practices, and similar long-term services and supports;
- Ensuring residents have regular and timely access to ombudsman services;
- Providing technical support for the development of resident and family councils;
- Advocating for changes to improve residents' quality of life and care;
- Providing information to the public regarding long-term care facilities and services, residents' rights, and legislative and policy issues;
- Representing resident interests before governmental agencies; and
- Seeking legal, administrative, and other remedies to protect residents.

Indiana's LTCOP Structure

In accordance with the [CFR 45, Title 45, Part 1324.13](#), Indiana's State Long Term Care Ombudsman (State Ombudsman), as head of the Office (the "State Office"), has responsibility for the leadership and management of the State Office in coordination with the Division of Aging, within the Family and Social Services Administration (FSSA). To comply with this federal law, Indiana's State Ombudsman *certifies* representatives of the State Office, or "local" Ombudsmen, to carry out the responsibilities on behalf of the State Office throughout the state. Certification occurs only after an initial 36-hour training period consisting of both independent and classroom (virtual) study, as well as completing structured facility tours and shadowing experienced Ombudsmen.

Indiana's Program has a decentralized organizational structure, meaning the State Ombudsman and State Office staff are state employees, while local Ombudsmen are employed by local host agencies throughout the state. The State Ombudsman/Deputy Director (both certified ombudsmen) have programmatic oversight while the host agency has personnel oversight of the Ombudsmen.

Long-Term Care Ombudsman Area Contact Map



As of September 30, 2022, Indiana’s LTCOP had 21 local certified ombudsmen, located within the state’s planning and service areas that correspond to the map of Area Agencies on Aging (AAAs) on the left.

FFY22 was a year of significant staff turnover for the LTCOP throughout the state. Three local ombudsmen were decertified and terminated from their positions within their own organizations, and four local ombudsman staff resigned. Eight newly-hired local ombudsmen completed the initial 36-hour training and became certified as an ombudsman. One local ombudsman was retrained.

Five of Indiana’s AAAs (Areas 1, 2, 5, 12, and 13) act as the host agency for Ombudsmen to provide services in their areas. These AAAs have seven LTC Ombudsmen working out of their local offices.

Eight AAAs (Areas 4, 6, 8, 9, 10, 11, 14, 15, and a portion of 16) subcontract with Indiana Legal Services, Inc. (ILSI), a non-profit law firm that provides free civil legal assistance to eligible low-income Hoosiers. As of 9/30/22, ILSI employed ten ombudsmen in its local offices located throughout the state.

Area 3 and a part of Area 16 (Vanderburgh County) have three local ombudsmen between them managing their own standalone nonprofit organizations that subcontract with the AAAs in those two areas. And as of the end of FFY22, Area 7’s AAA subcontracted with a local Center for Independent Living (CIL) to host its local Ombudsman.

Indiana is fortunate in that many of its local Ombudsmen are experienced resident advocates and are so willing to share their knowledge with newly-certified Ombudsmen. Many of our Ombudsmen are degreed social workers; others have long-term care or paralegal backgrounds. Several have master’s degrees; two are attorneys, and we added a professional nurse to our team this year. Their combined experience and expertise are what affords this program the ability to protect Hoosier long-term care residents’ rights, ranging from reasonably simple matters such as meal preferences to complex issues such as care planning concerns or involuntary discharges.

The Office of the State Long-Term Care Ombudsman is a programmatically independent advocacy service located within Indiana's Family and Social Services Administration. Points of view, opinions or positions of the Ombudsman do not necessarily represent the view, positions, or policy of the Indiana Family and Social Services Administration [45 CFR part 1324.11(e)(8)].

This annual report is compiled and distributed to meet federal and state law requirements.

Please direct any questions, comments, or discussion about the contents of the report or issues affecting the residents of long-term care facilities to the State Long-Term Care Ombudsman.

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